

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	HLC		4-11-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	TL	501	07/01/01
RESPONSE FORMALITY REVIEW	GA	626	06/01/01

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	7/23/01
2	7/23/01
3	7/23/01
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13	✓
14	✓
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16	✓
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31	✓
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34	✓
35	✓
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39	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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